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(71) Applicants: GENETIX PHARMACEUTICALS, INC. [US/US]; 840 Memorial Drive, Cambridge, MA 02139 (US). MASSACHUSETTS INSTITUTE OF TECHNOLOGY [US/US]; 77 Massachusetts Avenue, Cambridge, MA 02139 (US).

(72) Inventors: LEBOULCH, Philippe; Flagship Warf, Unit 729, 197 8th Street, Charlestown, MA 02129 (US). PAWLIUK, Robert, James; Apartment 3, 52 Maple Avenue, Cambridge, MA 02129 (US). BACHELOT, Thomas; 53, rue Pierre Brunier, F-69300 Caluire (FR).

(74) Agent: CLARK, Paul, T.; Clark & Elbing LLP, 176 Federal Street, Boston, MA 02110-2214 (US).

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(54) Title: ANTI-ANGIOGENIC GENE THERAPY VECTORS AND THEIR USE IN TREATING ANGIOGENESIS-RELATED DISEASES

(57) Abstract

A method for inhibiting tumor growth in a human patient harboring a solid tumor, said method comprising administering to said patient a nucleic acid molecule which expresses in said patient an anti-angiogenic polypeptide selected from the group consisting of human angiostatin, murine angiostatin, human endostatin, murine endostatin, and angiogenesis-inhibiting fragments thereof, wherein expression of the anti-angiogenic polypeptide in the patient inhibits angiogenesis in the vicinity of the tumor and/or systemically by diffusion of the recombinant protein to the vascular compartment from secreting transduced cells, thereby inhibiting its growth.

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ANTI-ANGIOGENIC GENE THERAPY VECTORS AND THEIR USE IN TREATING ANGIOGENESIS-RELATED DISEASES

Field of the Invention

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This invention relates generally to gene therapy for, e.g., cancer.

Background of the Invention

Angiogenesis is the process by which new capillaries are formed from existing vasculature. It is a complex process which involves proliferation and migration of endothelial cells. It plays a fundamental role in reproduction, development and wound repair. Unregulated angiogenesis, however, can further the progression of many diseases, including tumor growth and metastasis, arthritis, diabetes, and some forms of blindness. For example, there is experimental evidence that limits of tumor size and growth are not the failure of the tumor cells to proliferate, but rather a failure of the tumor to provide sufficient nutrients and waste removal to its constituent cells by recruiting surrounding vasculature.

Summary of the Invention

The invention features a method for inhibiting tumor growth in a human patient harboring a solid tumor, involving administering to the patient a nucleic acid molecule which expresses in the patient an anti-angiogenic polypeptide selected from the group consisting of human angiostatin, murine angiostatin, human endostatin, murine endostatin, and angiogenesis-inhibiting fragments thereof, wherein expression of the anti-angiogenic polypeptide in the patient inhibits angiogenesis in the vicinity of the tumor and/or systemically by diffusion of the recombinant protein to the vascular compartment from secreting transduced cells, thereby inhibiting its growth.

In a second, related aspect, the invention features tumor inhibition, of

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the type just described, using nucleic acids molecules of the formula A-B, where A and B are polypeptide and/or export signal joined by a peptide bond; peptide A contains at least 100 amino acids and includes at least kringles 1, 2, and 3 of human or murine angiostatin; and peptide B contains at least 100 amino acids and includes at least 75% of the amino acid sequence of human or murine endostatin. Expression of the fusion anti-angiogenic polypeptide in the patient inhibits angiogenesis in the vicinity of the tumor and/or systemically by diffusion of the recombinant protein to the vascular compartment from secreting transduced cells, thereby inhibiting its growth. In some embodiments of this hybrid polypeptide and/or export signal method, polypeptide and/or export signal A further includes kringle region 4 of angiostatin, and can also include kringle region 5 of plasminogen (the larger protein molecule of which angiostatin is a portion).

In both aspects of the invention, the nucleic acid molecule preferably constitutes a portion of a viral vector or a plasmid, which can either be administered to the patient so that cells of the patient in the vicinity of the tumor and/or systemically by diffusion of the recombinant protein to the vascular compartment from secreting transduced cells are infected or transfected with the nucleic acid encoding the angiogenesis-inhibiting polypeptide, or cells (of the patient, or another human donor, or an animal) are infected or transfected *ex-vivo*, and those infected or transfected cells are then infused into the patient so that the anti-angiogenic polypeptide is expressed in the vicinity of the tumor and/or systemically by diffusion of the recombinant protein to the vascular compartment from secreting transduced cells.

As will be discussed in more detail below, in particularly effective embodiments, the nucleic acid molecule includes a nucleotide sequence

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encoding a preactivation polypeptide and/or export signal for effecting Golgi and/or endoplasmic reticulum export of the anti-angiogenic polypeptide.

In another aspect, the invention features a method for treating a human patient suffering from diabetic retinopathy, involving administering to the patient one of the nucleic acid molecules described above.

The above and other features, objects and advantages of the present invention will be better understood by a reading of the following specification in conjunction with the drawings.

Brief Description of the Drawings

Fig. 1 depicts the structural relationship of angiostatin with plasminogen.

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Fig. 2 depicts the structural relationship of endostatin with collagen type XVIII.

Fig. 3 depicts various viral (A. MSCV murine retrovirus; B. Adenoassociated virus; C. HIV based retrovirus; E. recombinant adeno-virus) and
non-viral (D. plasmid) vectors used in the construction of gene therapy vectors
for this invention.

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MISCV: Murine Stem Cell Virus
LTR: Long Terminal Repeat
RSV: Rous Sarcoma Virus
ITR: Inverted Terminal Repeat

HIV: Human Immunodeficiency Virus IRES: Internal Ribosomal Entry Site GFP: Green Fluorescence Protein HBPRE: Hepatitis B Export Element

RRE: polyA: Rev Response Element polyadenylation site

Ψ+:

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, viral packaging sequence

The inverted triangle shows the site at which the anti-angiogenic constructs will be inserted using engineered MluI and XhoI restriction sites.

* denotes specific mutations within the long terminal repeat and leader which bestows the ability for expression in embryonic stem and hematopoietic stem cells.

The arrow denotes the direction of transcription.

Fig. 4 depicts in the left (A) panel nude mice which were implanted with human neuroblastoma cells (line SK-N-AS) transduced with a mock virus and in the right (B) panel, nude mice which were transplanted with human neuroblastoma cells transduced with a retroviral gene therapy vector encoding an angiostatin-endostatin fusion protein.

Fig. 5 shows the nucleotide sequence (SEQ ID NO: 1) and amino

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acid sequence (SEQ ID NO: 2) of human plasminogen and the nucleotide sequence (SEQ ID NO: 5) and amino acid sequence (SEQ ID NO: 6) of human angiostatin.

Fig. 6 shows the nucleotide sequence (SEQ ID NO: 9) and amino acid sequence (SEQ ID NO: 10) of murine endostatin.

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Fig. 7 shows the nucleotide sequence (SEQ ID NO: 3) and amino acid sequence (SEQ ID NO: 4) of murine plasminogen and the nucleotide (SEQ ID NO: 7) and amino acid sequence (SEQ ID NO: 8) of murine angiostatin.

Detailed Description

This invention provides gene therapy using a vector having a nucleotide sequence encoding one of the above-identified anti-angiogenic polypeptides. Described below in more detail are some of the components of the vectors and methods of the invention.

By a gene therapy vector is meant a vector useful for gene therapy. Gene therapy vectors carry a gene of interest that is useful for gene therapy. The gene therapy vectors are able to be transferred to the cells of an animal, e.g., a human, and are able to express the gene of interest in such cells so as to effect gene therapy. The vector can be, e.g., chromosomal, non-chromosomal, or synthetic, and can be RNA or DNA. The vector can be, e.g., a plasmid, a virus or a phage. Preferred vectors include, e.g., retroviral vectors, adenoviral vectors, adeno-associated vectors, herpes virus vectors, Simliki Forest Virus-based vector, Human Immunodeficiency virus, Simian Immunodeficiency virus, and non-viral plasmids. A preferred retroviral vector is Murine Stem Cell Virus (MSCV), which is a variant of Moloney Murine Leukemia Virus (MoMLV).

By anti-angiogenic polypeptide is meant a polypeptide which inhibits

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angiogenesis. The terms polypeptide, protein and polypeptide and/or export signal are used interchangeably herein. By angiogenesis is meant the process by which new vasculature, in particular, new capillaries, are formed from existing vasculature. Angiogenesis is a complex process entailing numerous steps, including local dissolution of the basement membrane, migration of endothelial cells into the surrounding stroma, proliferation of the endothelial cells at the leading edge to form a migrating column of cells, branching and fusion of the newly formed vascular loops, and formation of a new basement membrane. By inhibiting angiogenesis is meant completely or partially inhibiting the formation of such new vasculature.

In certain embodiments, the anti-angiogenic polypeptide is an antiangiogenic fragment of plasminogen (in particular, angiostatin), an antiangiogenic fragment of collagen XVIII (endostatin) or a fusion of the two fragments.

Angiostatin is an internal fragment of plasminogen having a molecular weight of 38 or 45 kDa, depending on whether it contains kringles 1-3 or 1-4. In the invention, either can be used, or a molecule including kringles 1-3 and a portion of kringle 4 can be used. Angiostatin can be naturally produced in vivo in small amounts by tumor cells, e.g. murine Lewis lung carcinoma cells, by proteolytic cleavage of plasminogen so as to eliminate the N-terminal portion including the signal polypeptide and/or export signal and the preactivation polypeptide and/or export signal, as well as the C-terminal portion following kringle 3 or 4. Mouse and human angiostatin have been purified and sequenced. In preferred embodiments, the gene therapy vectors of this invention encode angiostatin having kringles 1, 2 and 3, or angiostatin having kringles 1, 2, 3 and 4.

In another preferred embodiment, the anti-angiogenic polypeptide is

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endostatin or a biologically active analog or fragment thereof. Endostatin can be naturally produced *in vivo* in small amounts by tumor cells, e.g., murine angiosarcoma cells, by proteolytic cleavage of endogenous collagen XVIII so as to eliminate the N-terminal portion including the signal polypeptide and/or export signal and the preactivation polypeptide and/or export signal, as well as the C-terminal portion following kringle 3 or 4. See Fig.2. Mouse endostatin has been sequenced, and the human molecule (SEQ ID NOs: 17 and 18) forms a portion of collagen 18 (SEQ ID NOs: 19 and 20).

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The human molecule position and sequence are apparent from an alignment of the active, Lys-terminated active region of human collagen 18 with murine endostatin, such that the C-terminal lysine residues align, bringing the active endostatin sequences into alignment.

In yet another preferred embodiment, the anti-angiogenic polypeptide is an in-frame fusion of angiostatin or a biologically active analog or fragment thereof and endostatin or a biologically active analog or fragment thereof. Preferably, the angiostatin or biologically active analog or fragment is 5' of the endostatin or biologically active analog or fragment. In certain embodiments, the angiostatin-endostatin fusion proteins exhibit synergistic anti-angiogenic properties.

By fragment is meant some portion of the naturally occurring antiangiogenic polypeptide. Preferably, the fragment is at least 20 amino acid residues, more preferably at least 50 amino acid residues, and most preferably at least 100 amino acid residues in length. Fragments include chimeric constructs composed of at least a portion of the relevant gene and another molecule. The ability of a candidate fragment to exhibit a biological activity of the anti-angiogenic polypeptide can be assessed by methods known to those skilled in the art, e.g., by its ability to inhibit proliferation of bovine capillary

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cells, or by its ability to inhibit growth of primary tumor cells, e.g., as described herein. See, e.g., Example 9. Also included are fragments containing residues that are not required for biological activity of the fragment or that result from alternative mRNA splicing or alternative protein processing events.

Internal or terminal fragments of a polypeptide can be generated by removing one or more nucleotides from one end (for a terminal fragment) or both ends (for an internal fragment) of a nucleic acid which encodes the polypeptide.

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In preferred embodiments, the gene therapy vector of this invention is capable of hybridizing to the native anti-angiogenesis polypeptide-encoding regions and has at least about 80%, preferably at least about 90%, and more preferably at least about 95%, sequence identity to the native nucleotide sequences, and encodes a polypeptide which has anti-angiogenic activity; or a biologically active fragment of any of the above nucleotide sequences wherein the encoded polypeptide has anti-angiogenic activity.

The nucleotide sequences of the present invention can be in the form of RNA or DNA, and the nucleotide sequence can be double-stranded or single stranded and, if single stranded, can be the coding strand or non-coding (antisense) strand.

The coding sequence which encodes the anti-angiogenic polypeptide can be identical to the native coding sequences, or can be a different coding sequence which, as a result of the degeneracy of the genetic code, encodes the same anti-angiogenic polypeptide.

In certain embodiments, the gene therapy vector also has a nucleotide sequence encoding a signal polypeptide and/or export signal (SP) for effecting secretion of the anti-angiogenic polypeptide. Examples of signal polypeptide and/or export signal include plasminogen signal polypeptide and/or export

signal. Preferably, the signal polypeptide and/or export signal is 5' (i.e., upstream) of the nucleotide sequence encoding the anti-angiogenic polypeptide.

Preferably, the gene therapy vector has a nucleotide sequence encoding a preactivation polypeptide and/or export signal (PAP), which is a small polypeptide and/or export signal which effects folding and secretion of the antiangiogenic polypeptide *in vivo*. Examples of preactivation polypeptide and/or export signal include plasminogen preactivation polypeptide and/or export signal, described herein, and PAP's of other proteins in the blood clotting cascade.

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Preferably, the preactivation polypeptide and/or export signal is positioned 5' of the nucleotide sequence encoding the anti-angiogenic polypeptide. In embodiments which have a signal sequence and an anti-angiogenic polypeptide, preferably the preactivation polypeptide and/or export signal is 5' of the nucleotide sequence encoding the anti-angiogenic polypeptide, and 3' of the nucleotide sequence encoding the signal polypeptide and/or export signal.

We have discovered that results obtained using constructs containing a PAP- encoding nucleic acid sequence are far superior to results using constructs lacking a PAP-encoding sequence. Our hypothesis to explain these unexpectedly superior results with PAP is that, during the complex process by which the anti-angiogenic polypeptide is expressed and processed in living cells, the PAP polypeptide and/or export signal facilitates the export of the polypeptide from the cellular Golgi apparatus and/or the endoplasmic reticulum (ER). The corollary is that, absent PAP, a significant portion of the expressed polypeptide remains trapped in the Golgi and/or ER.

The PAP exemplified herein is derived from human plasminogen; this

PAP is currently preferred. Our discovery that the use of a PAP dramatically improves results leads us to believe that other PAP's would be useful as well, and such others are therefore contemplated for use in the invention. Thus, as used herein, "PAP" refers to a polypeptide and/or export signal which is naturally associated with a eukaryotic (preferably human) protein, the exportation of which is facilitated by its associated PAP. Examples of other human proteins whose Golgi/ER export is PAP-facilitated include other secreted proteins of the blood coagulation cascade, e.g., fibrinogen, prothrombin, Factor VIII, and Factor IX. Other secreted human proteins also are associated with potentially useful PAPs.

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It is not essential that the PAP used in the invention be identical in amino acid sequences to a native PAP; it is well-known that polypeptide and/or export signal that facilitate protein secretion or export, e.g., signal polypeptide and/or export signal and PAPs, can vary from the native forms to a certain extent and still retain their function. Therefore, PAPs useful according to the invention preferably have 75% or greater amino acid sequence identity with a native PAP.

In certain embodiments, the gene therapy vector has a nucleotide sequence encoding a tag for identification of the anti-angiogenic polypeptide and/or export signal. In certain embodiments, the tag is 5' of the nucleotide sequence encoding the anti-angiogenic polypeptide; in other embodiments, the tag is 3' of the nucleotide sequence encoding the anti-angiogenic polypeptide. In embodiments in which the anti-angiogenic polypeptide is endostatin or an angiostatin-endostatin fusion, it is preferred that the tag be 5' of the nucleotide sequence encoding endostatin.

In certain embodiments the gene therapy vector includes a selectable

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marker, e.g., a Neomycin phosphotransferase gene, or a humanized red-shifted green fluorescent protein.

The invention also includes a cell infected or transfected with a gene therapy vector described herein. Preferably, the cell is an animal cell, more preferably an autologous or allogeneic human cell. The gene therapy vectors described herein can be introduced into a cell, e.g., by transformation, transfection, transduction, infection, or ex vivo injection. They can be targeted to a particular cell type.

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Administration of nucleic acid, e.g., a gene therapy vector, can be accomplished by any method which allows the nucleic acid to reach the target cells. These methods include, e.g., injection, deposition, implantation, suppositories, oral ingestion, inhalation, topical administration, or any other method of administration where access to the target cells by the nucleic acid is achieved. Injections can be, e.g., intravenous, intradermal, subcutaneous, intramuscular or intraperitoneal. Implantation includes inserting implantable drug delivery systems, e.g., microspheres, hydrogels, polymeric reservoirs, cholesterol matrices, polymeric systems, e.g., matrix erosion and/or diffusion systems and non-polymeric systems, e.g., compressed, fused or partially fused pellets. Suppositories include glycerin suppositories. Oral ingestion doses can be enterically coated. Inhalation includes administering the nucleic acid with an aerosol in an inhalator, either alone or attached to a carrier that can be absorbed.

In certain embodiments of the invention, administration can be designed so as to result in sequential exposures to the nucleic acid over some time period, e.g., hours, days, weeks, months or years. This can be accomplished by repeated administrations of the nucleic acid, e.g., by one of the methods described above, or alternatively, by a controlled release delivery system in

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which the nucleic acid is delivered to the animal over a prolonged period without repeated administrations. By a controlled release delivery system is meant that total release of the nucleic acid does not occur immediately upon administration, but rather is delayed for some time. Release can occur in bursts or it can occur gradually and continuously. Administration of such a system can be, e.g., by long acting oral dosage forms, bolus injections, transdermal patches or subcutaneous implants. Examples of systems in which release occurs in bursts include, e.g., systems in which the nucleic acid is entrapped in liposomes which are encapsulated in a polymer matrix, the liposomes being sensitive to a specific stimulus, e.g., temperature, pH, light, magnetic field, or a degrading enzyme, and systems in which the nucleic acid agent is encapsulated by an ionically-coated microcapsule with a microcapsule core-degrading enzyme. Examples of systems in which release of the nucleic acid is gradual and continuous include, e.g., erosional systems in which the nucleic acid is contained in a form within a matrix, and diffusional systems in which the nucleic acid permeates at a controlled rate, e.g., through a polymer. Such sustained release systems can be, e.g., in the form of pellets or capsules.

The nucleic acid is administered to the patient in a therapeutically effective amount. By therapeutically effective amount is meant that amount which is capable of at least partially preventing or reversing the disease. A therapeutically effective amount can be determined on an individual basis and will be based, at least in part, on consideration of the patient's size, age, the efficacy of the particular nucleic acid used, the type of delivery system used, the time of administration relative to the onset of disease symptoms, and whether a single, multiple, or controlled release dose regimen is employed. A therapeutically effective amount can be determined by one of ordinary skill in the art employing such factors and using no more than routine experimentation.

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In certain embodiments, a therapeutically effective amount of an antiangiogenic polypeptide is administered by providing to the animal a nucleic acid encoding the polypeptide and expressing the polypeptide in vivo. Nucleic acids encoding the polypeptide, or mutants thereof, can be administered in any biologically effective carrier, e.g. any formulation or composition capable of effectively delivering the nucleotide sequence for the anti-angiogenic polypeptide to cells in vivo. Approaches include, e.g., insertion of the nucleic acid into viral vectors. Viral vectors can be delivered to the cells, e.g., by infection or transduction using the virus. Viral vectors can also be delivered to the cells, e.g., by physical means, e.g., by electroporation, lipids, cationic lipids, liposomes, DNA gun, Ca₃(PO₄)₂ precipitation, or delivery of naked DNA. In certain preferred embodiments, the virus is administered by injection, e.g., intramuscular injection, in a dose range of about 10³ to about 10¹⁰ infectious particles per injection, more preferably in a dose range of about 10⁵ to about 10⁸ infectious particles per injection. Single or multiple doses can be administered over a given period of time, depending, e.g., upon the disease.

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An alternative is insertion of the nucleic acid encoding the antiangiogenic polypeptide into a bacterial or eukaryotic plasmid. Plasmid DNA can be delivered to cells with the help of, e.g., cationic liposomes (lipofectinTM; Life Technologies, Inc., Gaithersburg, MD) or derivatized (e.g., antibody conjugated) polylysine conjugates, gramacidin S, artificial viral envelopes or other such intracellular carriers, as well as direct injection of the gene construct or $Ca_3(PO_4)_2$ precipitation carried out in vivo, or by use of a gene gun. The above-described methods are known to those skilled in the art and can be performed without undue experimentation.

Since transfer of the nucleic acid to appropriate target cells represents the critical first step in gene therapy, choice of the particular gene delivery

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system will depend on such factors as the intended target and the route of administration, e.g., locally or systemically. Targets for delivery of the nucleic acid can be, e.g., specific target cells which are diseased. For example, the target can be, e.g., the peritoneal cavity, gastro-intestinal tract, bone marrow cavity, liver, lungs, muscles, vasculature, pericardial cavity, pleural cavity, skin, sub-cutaneous or deep connective tissues, central nervous system, spinal fluid, eye, or specific sites of tumor growth. Administration can be directed to one or more cell types, and to one or more cells within a cell type, so as to be therapeutically effective, by methods known to those skilled in the art. For example, the nucleic acid can be, e.g., coupled to an antibody, to a ligand to a cell surface receptor, or to a toxin component, or can be contained in a particle which is selectively internalized into cells, e.g., liposomes, or a virus where the viral receptor binds specifically to a certain cell type, or a viral particle lacking the viral nucleic acid, or can be administered by local injection.

In certain embodiments, the nucleic acid is administered to the patient by introducing *ex vivo* the nucleic acid into cells of the patient, or into syngeneic or allogeneic or xenogeneic cells, and then administering the cells having the nucleic acid to the animal. Any cell type can be used. In certain embodiments, the cells having the introduced nucleic acid are expanded and/or selected after the nucleic acid transfer. The cells having the transferred nucleic acid are subsequently administered to the patient. Preferably, the cells are administered in a dose range of about 1 x 10⁶ to about 1 x 10⁹ cells/dosage/day, and most preferably at about 1 x 10⁷ to about 1 x 10⁸ cells/dosage/day. The cells can be administered by any method which results in delivering the transferred nucleic acid in the cells to the desired target. For example, the cells can be implanted directly into a specific tissue of the patient, or implanted after encapsulation within an artificial polymer matrix. Examples of sites of

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implantation include, e.g., the peritoneal cavity, gastro-intestinal tract, bone marrow cavity, liver, lungs, muscles, vasculature, pericardial cavity, pleural cavity, skin, sub-cutaneous or deep connective tissues, central nervous system, spinal fluid, eye, or specific sites of tumor growth.

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Systemic delivery can be achieved, e.g., by introducing the nucleic acid into cells which circulate in the peripheral blood of the patient, or which give rise to cells which circulate in the peripheral blood. In certain embodiments, the nucleic acid is introduced into such cells *ex vivo*, and these cells are then administered to the patient, resulting in systemic delivery within the peripheral blood. These cells can be the cells of the patient or allogeneic cells. Preferred cells in which the nucleic acid can be introduced are hematopoietic cells.

In certain embodiments, other therapy is additionally administered. For example, if the animal is being treated for a tumor, other tumor therapy, e.g., another therapeutic agent, chemotherapy, radiation or surgery, is additionally administered to the patient, either simultaneously or at different times.

Treating is meant to include, e.g., preventing, treating, reducing the symptoms of, or curing the disease. I.e. treating a tumor includes preventing growth of the tumor, causing shrinkage of the tumor, or preventing development of micro-metasteses.

Preferably, the recombinant nucleic acid is a gene therapy vector, e.g., as described herein. Preferably, the anti-angiogenic polypeptide is angiostatin, endostatin, an angiostatin-endostatin fusion protein, or biologically active analogs or fragments thereof. In certain embodiments, the angiostatin has kringles 1, 2 and 3; in other embodiments, the angiostatin has kringles 1, 2, 3 and 4, and, in some embodiments, kringle 5 of human or murine plasminogen. Angiostatin is described in O'Reilly and Folkman U.S. Patent No. 5,639,725, hereby incorporated by reference. Endostatin is described in O'Reilly and

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Folkman PCT Appln. No. WO 97/15666, published May 1, 1997, hereby incorporated by reference.

In certain embodiments, the recombinant nucleic acid has been introduced *ex vivo* into cells so as to express the anti-angiogenic polypeptide in the cells, and the recombinant nucleic acid is administered to the patient by administering to the patient the cells containing the recombinant nucleic acid. In certain embodiments, the cells are derived from the patient; in other embodiments the cells are allogeneic cells relative to the cells of the patient.

Where cells are infected or transfected *ex vivo* for later infusion into the patient, the cells are preferably hematopoietic cells, but can also be mesenchymal cells, stem cells, epithelial cells (e.g., from the gut), or dendritic cells.

The gene therapy vectors of the invention can be provided in a pharmaceutical composition comprising a therapeutically effective amount of the recombinant nucleic acid together with a pharmaceutically acceptable carrier. Pharmaceutically acceptable carriers include, e.g., water, saline, dextrose, glycerol, ethanol, liposomes and lipid emulsions.

The following non-limiting examples further illustrate the present invention.

<u>EXAMPLES</u>

Example 1: Construction of Inserts for Gene Therapy Vectors Containing cDNA for Angiostatin, Endostatin or Angiostatin-Endostatin Fusion Proteins

The following genetic constructs are inserted into retroviral gene therapy vectors; the genetic constructs contain human or murine cDNA for angiostatin, endostatin or an angiostatin-endostatin fusion, and DNA encoding a signal

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polypeptide and/or export signal (SP), a tag (FLAG), and, preferably, a preactivation polypeptide and/or export signal (PAP). The constructs are all made using standard genetic engineering techniques, and their insertion into retroviral gene therapy vectors is carried out using known methods. The constructs have the following components:

Murine Constructs SP-K1-K2-K3-Flag SP-K1-K2-K3-K4-Flag SP-K1-K2-K3-K4-K5-Flag 10 SP-PAP-K1-K2-K3-Flag SP-PAP-K1-K2-K3-K4-Flag (SEQ ID NO: 11 and 12) SP-Flag-Endo (SEQ ID NO: 13 and 14) SP-K1-K2-K3- Flag-Endo SP-K1-K2-K3-K4- Flag-Endo (SEQ ID NO: 15 and 16) 15 SP-PAP-K1-K2-K3- Flag-Endo **Human Constructs** SP-K1-K2-K3 SP-K1-K2-K3-K4 SP-K1-K2-K3-K4-K5 20 SP-PAP-K1-K2-K3 SP-PAP-K1-K2-K3-K4 SP-PAP-K1-K2-K3-K4-K5 SP-Endo SP-K1-K2-K3-Endo 25 SP-PAP-K1-K2-K3-Endo

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Nucleic acid and amino acid sequences for mouse and human angiostatin and endostatin used in these constructs are shown in Figs. 5-7.

Nucleic acid and amino acid sequence of the FLAG peptide:

amino terminus-5'- ASP TYR LYS ASP ASP ASP LYS GAC TAC AAG GAC GAC GAT GAC AAG

Human plasminogen derivative constructs

The entire coding region of the human plasminogen cDNA from the start (ATG) to

the stop (TAA) codon is 2433bp in size.

This sequence encodes a signal peptide (bp 1-57), a preactivation peptide (bp 58-288), and 5 distinct structural regions known as kringles (K1-K3 from bp 289-1092; K4 from bp1093-1380; K5 from bp 1381-1740). Please note that although I have given precise bp measurements for kringles K4 and K5, it can be argued that the sequence encoding K4 is between bp1056-1440 and the sequence encoding K5 is between bp1362-1680.

A DNA fragment encoding a portion of the human plasminogen protein from bp 1 to 1377 was obtained by PCR of a widely available human liver cDNA library using synthetic DNA oligonucleotides complementary to sequences immediately preceding the signal peptide and immediatly following kringle 4. This fragment contains the sigal peptide (bp1-57), the preactivation peptide (bp 58-288), kringles 1 (bp289-549), 2 (bp 550-804), 3 (bp 805-1092) and 4 (bp 1093-1380). The synthetic oligonucleotides used for this reaction contained engineered recognition sites for the restriction enzymes EcoRI and XhoI. Following the PCR reaction the amplified fragment was cloned into the EcoRI/XhoI sites of BluescriptSK(-) (Stratgene) using standard techniques (Maniatis). Following cloning the integrity of the amplified sequence was verified by sequencing both strands using the Sanger method (Sanger). Various derivatives of the cloned fragment were subsequently constructed using BluescriptSK(-) (Stratagene) as a backbone. A full list of the derivatives are described in Table 1. Briefly, the variations are composed of constructs containing various combinations of kringles with or without the signal and/or preactivation peptide sequences. These derivatives were constructed using both standard techniques as well as PCR and the use of double stranded synthetic oligonucleotides. In all cases the integrity of the start codon, coding sequence and termination codon was verified by double stranded sequencing using the Sanger method.

Murine plasminogen derivative constructs

The coding sequence for murine plasminogen is 2439bp in size and, similar to the human plasminogen cDNA encompasses a sequence encoding signal and preactivation peptides (bp 1-57 and 58-288 respectively) in addition to 5 kringle regions; kringle 1-3 (bp 289-1092), kringle 4 (bp 1093-1380) and kringle 5 (bp 1381-1743). Again, although I have given precise bp measurements for kringles K4 and K5, it can be argued that the sequence encoding K4 is between bp1056-1440 and the sequence encoding K5 is between bp1362- 1680.

The murine plasminogen cDNA has previously been cloned and was made available to us. Derivatives of murine plasminogen were constructed using sequences derived from bp 1-1743 of the coding sequence. Various combinations of kringle regions with or without signal and preactivation peptide regions were made using BluescriptSK(-) (Stratagene, La Jolla, CA) as the vector backbone. These derivatives were constructed using standard cloning techniques (Maniatis, Molecular cloning; a laboratory manual, second edition, 1989) in combination with PCR utilizing synthetic oligonuleotides using

Angiostatin function was not altered by adding the FLAG polypeptide and/or export signal to either the N- or C-terminal ends, whereas endostatin was functional only if FLAG was added to its N-terminal end.

Example 2: Construction of Retroviral Gene Therapy Vectors

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This example illustrates the construction of retroviral gene therapy vectors comprising cDNA for angiostatin, endostatin or angiostatin-endostatin fusion proteins.

The DNA inserts from Example 1 were inserted into two retroviral vectors. Both vectors were derived from the Murine Stem Cell Virus (MSCV), which is a variant of Moloney Murine Leukemia Virus (MoMLV) having several mutations allowing high, sustained expression in hematopoietic stem cells and their progeny. In both cases, the angiostatin, endostatin, or angiostatin-endostatin fusion DNA inserts were under the transcriptional control of the retroviral left Long Terminal Repeat (LTR). In the first vector, the dominant selectable marker was the Neomycin phosphotransferase gene (NeoR), which confers resistance to G418, and is driven by an internal phosphoglycerate kinase (PGK) promoter. In the second vector, the dominant selectable marker was the humanized, red-shifted green fluorescent protein (EGFP), which is co-translationally expressed by means of an Internal Ribosome Entry Site (IRES) from the Encephalomyocarditis virus (EMCV).

The retroviral gene therapy vectors were transfected by CaPO₄ precipitation in the transient ecotropic packaging cell-line BOSC 23, Pear et al., *PNAS* 90:8392 (1993). Viral supernatants were collected two days thereafter and filtered through 0.45 mm filters. Filtered viral supernatants were subsequently used to infect GENETIX's stable amphotropic retroviral packaging cell-line AM12 (Genetix Pharmaceuticals, Inc., Cambridge, MA). After another two days, viral supernatants from transduced AM12 were filtered

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and used to infect GENETIX's stable ecotropic retroviral packaging cell-line GP+E86 (Genetix Pharmaceuticals, Inc.). Both transduced AM12 and GP+E86 were then selected in the presence of G418 (in the case of constructs bearing NeoR) or sorted by Fluorescent Activated Cell Sorter (FACS) for EGFP expression. Viral titers were estimated according to standard practice by counting G418 resistant colonies among NIH3T3 cells exposed to diluted virus preparation. Ecotropic viral titers were above 5 x 10⁵/ml of viral supernatants, only 3-fold lower than "empty" control vectors. No Replication Competent Retrovirus (RCR) was detected in standard assays.

10 Example 3: Transduction of Target Cells Using Retroviral Gene Therapy Vectors

This example illustrates the stability of retroviral gene therapy vector transmission and the lack of toxicity in non-endothelial target cells.

Following 24-hour incubation of confluent viral producer cells in 100 mm plates, viral supernatant was removed and filtered (0.45 µm filter, Gelman Sciences, Ann Arbor, MI). Viral supernatant, containing 7 µg/ml polybrene (Sigma, St. Louis, MO), was added to target cells 24 hours after plating the target cells. Fresh medium was added after 4-12 hours, and, after an additional 48 hours, cells were selected for retroviral infection by exposure to medium containing 1 mg/ml G418 (Gibco BRL, Grand Island, NY) or by FACS sorting (FACStar cell sorter, Becton Dickinson, San Jose, CA). The stability of transmission of the retroviral gene therapy vectors described in Example 2 was examined by Southern blot analysis of transduced NIH3T3 cells, using specific probes (EGFP) and restriction enzyme digestion of genomic DNA with Sac1, which cuts only once in each LTR. Stable chromosomal integration of intact proviruses of appropriate length was observed with all constructs.

The lack of non-specific toxicity on non-endothelial cells was

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established by using filtered viral supernatants to transduce various tumor cell-types and cell-lines (NIH3T3 cells, K562 cells (ATCC), and human SK-N-AS neuroblastoma cells; Cohen, P.S., *Cancer Research*, <u>55</u>:2380 (1995).

Transduced cell populations were subsequently selected with G418 or sorted for EGFP expression by FACS. No obvious effects on cell viability, growth or other phenotypical characteristics were detected.

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Example 4: Protein Expression of Angiostatin, Endostatin and Angiostatin-Endostatin Fusion Proteins in Cells Transduced with Retroviral Gene Therapy Vectors

This example illustrates that recombinant angiostatin, endostatin, and angiostatin-endostatin fusion proteins were readily detected in retrovirally transduced cells and their supernatant, indicating efficient expression and secretion.

MSCV virus based vectors containing sequences encoding murine Kringle 1 (K1), K1K5, K1K2K3, K1K2K3K4, and K1K2K3K4K5 were used to transduce NIH3T3 cells. With regard to the murine recombinant proteins, Western blot analysis of transduced cells and their supernatant was performed by means of a monoclonal antibody that recognizes the FLAG polypeptide and/or export signal. Because this antibody is not mono-specific, significant cross-reactivity with murine proteins was apparent. However, by comparing the pattern obtained with mock cells, it was clear that the antibody revealed an additional band of appropriate size in all transduced cells. Moreover, the recombinant proteins were detected in cell supernatants at levels above 50 ng/ml, using a protein concentration/semi-purification procedure (Centricon columns, Amicon, Beverly, MA). With regard to the human recombinant proteins, no FLAG tag was added, so a monoclonal antibody that recognizes specifically the first three kringles of human plasminogen in its native, non-

denatured form was used; O'Reilly et al., *Cell* 79:315 (1994). Because of this constraint, Western blot analysis using denaturing gels could not be performed. An ELISA assay was performed which indicated that human recombinant angiostatin was detected at levels likely to be therapeutic according to previous findings in the model of Lewis Lung Carcinoma *Id*.

These results indicate that high levels of recombinant proteins of expected length were expressed in retrovirally transduced cells and were efficiently secreted.

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Example 5: In Vivo Anti-Tumor Activity of Cells Transduced with Gene
Therapy Vectors Encoding the Angiostatin-Endostatin Fusion
Protein

Human SK-N-AS neuroblastoma cells (Cohen, 1995) were transduced with the retroviral gene therapy vector containing the angiostatin-endostatin fusion protein, described in Example 2. These cells (1,000,000) were suspended in 1 mL Dulbecco's phosphate buffered saline and injected into the right mid-quadrant of nude immuno-compromised mice. While no impairment of the in vitro growth of transduced cells was observed, a dramatic decrease in tumor growth in nude mice cells following subcutaneous implantation of the transduced cells was evident as compared to "mock virus"-transduced control cells.

Example 6: Ex Vivo Transfer of Retroviral Gene Therapy Vectors Encoding Anti-Angiogenic Polypeptides to Primary Hematopoietic Cells, and Subsequent Transplantation to Recipient Mice

This example illustrates infection of primary hematopoietic cells from

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donor mice with retroviral gene therapy vectors encoding angiostatin, endostatin, or an angiostatin-endostatin fusion protein, and a selectable GFP marker, and subsequent transplantation of the transduced hematopoietic cells into recipient mice.

Femoral bone marrow cells are harvested from male donor C57BL6/J-Ly5.1 mice (Jackson Labs, Bar Harbor, ME), intravenously injected four days previously with 150 mg/kg of 5-fluorouracil (5-FU). Bone marrow cells are cultured for two days in medium composed of DMEM, 15% fetal calf serum, 10 ng/ml human IL-6, 6 ng/ml murine IL-3 and 100 ng/ml murine Steel factor prior to two days of culture atop a confluent monolayer of irradiated (1,500 cGy, ¹³⁷Cs γ-irradiation) viral producer cells in the above medium including 6 ug/ml of prolamine sulfate. The viral producer cells are transfected with a retroviral gene therapy vector, as described above. Upon completion of the coculture infection protocol, recovered non-adherent cells are cultured for an additional 48 hours to allow for expression of the transferred GFP gene. Retrovirally transduced cells expressing the transferred GFP gene are subsequently identified and selected for, using a FACStar+ cell sorter (Becton Dickinson, San Jose, CA). The GFP+ cells are intravenously injected into congenic female C57BL6/J-Ly5.2 recipient mice (National Cancer Institute, Washington, DC) previously given 950 cGy (83cGy/min, ¹³⁷Cs γ-rays) of whole body irradiation. In each case, a small fraction of GFP+ sorted cells is used for day 12 CFU-S and in vitro clonogenic progenitor assays to assess the efficiency of the infection and selection procedures on these more mature cell types.

25 Example 7: Engraftment of Recipient Mice with Donor-Derived Hematopoietic Cells

This example illustrates engraftment of the recipient mice with the

donor-derived transfected hematopoietic cells from Example 6.

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The donor and recipient mice are phenotypically distinguishable on the basis of Y chromosome specific sequences, as well as on the basis of allelic differences at the murine CD45 cell surface antigen locus. Male donor mice are homozygous for the CD45.2 allele, while female recipient mice are homozygous for CD45.1. The engraftment of recipient mice with donor-derived (CD45.2+) cells is assessed at both short (5 weeks) and long (34 months) time points post-transplant by flow cytometric analysis of peripheral blood samples stained with a phycoerythrin labeled antibody specific for the CD45.2 antigen (Pharmingen, San Diego, CA). The results indicate that engraftment occurs.

Example 8: Proviral Marking and GFP Expression in Recipient Mice

This example illustrates the presence of recombinant provirus and expression of the transferred GFP gene in the recipient mice from Example 6.

The level of proviral marking in reconstituted animals is initially determined by Southern blot and semi-quantitative PCR analysis of DNA obtained from peripheral blood leukocytes. The large majority of donorderived (CD45.2+) cells in recipient mice contain a minimum of one copy of recombinant provirus. In addition, flow cytometric analysis of peripheral blood leukocytes is performed to ascertain the proportion of cells expressing the transferred GFP cDNA. Because the GFP and angiogenic inhibitor protein cDNAs are both driven from the same regulatory sequences, due to the inclusion of an internal ribosomal entry site (IRES) element, the analysis of GFP expression in the peripheral blood provides an indirect measurement of the levels of anti-angiogenic protein being expressed. The results indicate expression of the transferred genes.

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Example 9: Anti-Angiogenic Polypeptide Expression in Recipient Mice

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This example illustrates the presence of anti-angiogenic polypeptide in the sera of the recipient mice from Example 6, using both physical and functional assays.

Serum obtained from the transplanted animals described in Example 6 is used for ELISA using an antibody specific for the synthetic FLAG epitope (IBI, Eastman Kodak, New Haven, CT) and compared against known standards of purified protein. Results indicate the presence of the anti-angiogenic polypeptide in the serum.

To determine whether a functional anti-angiogenesis polypeptide is present in the circulation, sera from transplanted animals is tested for its ability to inhibit the proliferation of bovine capillary cells *in vitro*; O'Reilly (1994). Briefly, cells are plated in 24 well dishes at 25,000 cells/ml and maintained in DMEM with 5% bovine calf serum for 24 hours. The medium is then replaced with fresh medium containing various dilutions of the test serum. After 20 minutes of incubation, fresh medium including b-FGF (final concentration 1 ng/ml) is added and the cells are cultured for 72 hours. Cells are then dispersed using trypsin and the cell number determined by Coulter counter. Results indicate that functional anti-angiogenic polypeptide is present in the sera of the recipient mice.

In addition, the ability of circulating anti-angiogenic polypeptide to inhibit the growth of primary tumor cells is assessed. Transplanted mice are subcutaneously injected with one million Lewis lung carcinoma (LLC) cells (O'Reilly, (1994)) at the proximal midline of their dorsal skin. The mice are closely monitored for survival, tumor size and growth, and overall health. Results indicate that the anti-angiogenic polypeptides from the sera of the

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recipient mice inhibit growth of the LLC tumor cells.

Finally, upon sacrifice of the transplanted recipient mice, blood, spleen, thymus and bone marrow are harvested and analyzed for the presence of proviral DNA by Southern analysis as well as expression of the transferred GFP and anti-angiogenic polypeptide cDNAs by flow cytometry and ELISA. Moreover, a portion of bone marrow cells is re-transplanted into secondary recipients to generate individual day 12 spleen colonies, as well as plated in methylcellulose to assess in vitro clonogenic progenitors. Individual clones are analyzed for proviral DNA by PCR or Southern blot, and for gene expression by flow cytometry and ELISA. Results of these tests also indicate the presence of proviral DNA and expression of the anti-angiogenic polypeptides and marker proteins.

Example 10: Evaluating the Efficacy of Retroviral Gene Therapy Vectors
Encoding Anti-Angiogenic Polypetides on Various Human
Cancers Implanted in SCID Mice Using Ex Vivo Gene Therapy

This example illustrates a method for rapidly screening various forms of human cancer to determine susceptibility to treatment by the systemic delivery of anti-angiogenic polypeptides.

The methods for gene transfer, assessment of proviral marking and assessment of transferred gene expression as described in Examples 3 through 9 are repeated using immuno-deficient SCID mice, with the following exceptions. Since SCID mice are more sensitive to γ-irradiation than C57BL6/J mice, the female SCID recipients receive a lower dose of 400cGy of whole body irradiation in contrast to the 950cGy required for C57BL6/J. In addition, since the SCID mice do not possess allelic differences at the CD45 cell surface antigen locus, donor and recipient cells are phenotypically distinguished on the basis of Y chromosome specific sequences using Southern

blot analysis.

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Bone marrow from male donor SCID mice is infected, selected for on the basis of expression of the transferred GFP marker cDNA, and transplanted into irradiated female SCID recipients. Engraftment with provirally marked cells and expression of the transferred genes is demonstrated. The mice are then separately implanted with a variety of human tumor cell types, e.g., breast adenocarcinoma, lung squamous cell carcinoma, and brain glioblastoma. In each case, the ability of the anti-angiogenic polypeptides to inhibit the growth of the various human tumor cell types is monitored and quantified.

10 Example 11: Evaluating the Efficacy of Retroviral Gene Therapy Vectors

Encoding Anti-Angiogenic Polypeptides for Treatment of

Ovarian Cancer Using In Vivo Gene Therapy

This example illustrates the feasibility of using retroviral gene therapy vectors encoding anti-angiogenic polypeptides to achieve efficient gene transfer to established tumors in vivo using a well-established murine model of human ovarian cancer. Following injections, mice are closely monitored for tumor growth and survival.

Eight to ten week old nude mice (Jackson Labs, Bar Harbor are injected intra-peritoneally with 1 x 10⁷ PA-1 cells, an ovarian cancer cell-line (ATCC), and followed until palpable tumors are identified. Viral supernatant for <u>in vivo</u> injection is prepared as follows: Viral producer cells are grown to confluence in DMEM with 10% bovine calf serum, and the medium is then changed. After 24 hours of incubation, the viral conditioned supernatant is filtered though a 0.45 um low protein binding filter, protamine sulfate is added to a final concentration of 6ug/ml, the solution is aliquoted into 2 ml volumes, and frozen at -80°C. Recipient mice receive three intraperitoneal injections of viral supernatant (2 mls per injection) in addition to the polycation, over a period of

36 hours. Control mice are injected with medium collected from confluent dishes of NIH3T3 cells. Following injection of the viral conditioned supernatant, the mice are analyzed for survival as well as tumor growth over time as compared to mock injected controls. Results indicate that treatment of the ovarian cancer occurs. At death, the tumors are removed, weighed, and the cells dissociated for DNA extraction for Southern blot analysis to detect recombinant provirus.

Those skilled in the art will be able to ascertain using no more than routine experimentation, many equivalents of the specific embodiments of the invention described herein. These and all other equivalents are intended to be encompassed by the following claims.

In other embodiments, the invention provides methods and compositions for treating diseases and processes that are mediated by angiogenesis including, but not limited to, hemangioma, solid tumors, leukemia, metastasis, telangiectasia, psoriasis, scleroderma, pyogenic granuloma, myocardial angiogenesis, plaque neovascularization, coronary collaterals, cerebral collaterals, arteriovenous malformations, ischemic limb angiogenesis, corneal diseases, rubeosis, neovascular glaucoma, diabetic retinopathy, retrolental fibroplasia, arthritis, diabetic neovascularization, macular degeneration, wound healing, peptic ulcer, *Helicobacter* related diseases, fractures, keloids, vasculogenesis, hematopoiesis, ovulation, menstruation, placentation, and cat scratch fever.

What is claimed is:

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CLAIMS

- 1. Use of a nucleic acid molecule which expresses an anti-angiogenic polypeptide selected from the group consisting of human angiostatin, murine angiostatin, human endostatin, murine endostatin, and angiogenesis-inhibiting fragments thereof in the preparation of a medicament for inhibiting tumor growth in a human patient harboring a solid tumor, wherein expression of the anti-angiogenic polypeptide in the patient inhibits angiogenesis in the vicinity of the tumor and/or systemically by diffusion of the recombinant protein to the vascular compartment from secreting transduced cells, thereby inhibiting its growth.
- 2. Use of a nucleic acid molecule which expresses an anti-angiogenic polypeptide of the formula A-B, wherein

A and B are polypeptide and/or export signal joined by a polypeptide and/or export signal bond;

A contains at least amino acids and comprises kringles 1, 2, and 3 of human or murine angiostatin; and

B contains at least amino acids and includes at least 75% of the amino acid sequence of human or murine endostatin in the preparation of a medicament for inhibiting tumor growth in a human patient harboring a solid tumor, wherein expression of the anti-angiogenic polypeptide in the patient inhibits angiogenesis in the vicinity of the tumor and/or systemically by diffusion of the recombinant protein to the vascular compartment from secreting transduced cells, thereby inhibiting its growth.

3. The use of claim 2, wherein A further comprises kringle region 4 of

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human or murine angiostatin.

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- 4. The use of claim 2 or claim 3, wherein A further comprises kringle 5 of human or murine plasminogen.
- 5. The use of claim 1 or claim 2, wherein said nucleic acid moleculeconstitutes a portion of a viral vector.
 - 6. The use of claim 1 or claim 2, wherein said nucleic acid molecule constitutes aportion of a plasmid.
 - 7. The use of claim 6, wherein said plasmid is carried in a cell-free carrier so that the plasmid transfects living cells of the patient following plasmid administration, causing expression of the anti-angiogenesis polypeptide and/or export signal in the patient such that angiogenesis in the vicinity of the tumor and/or systemically by diffusion of the recombinant protein to the vascular compartment from secreting transduced cells is inhibited, causing inhibition of tumor growth.
- 8. The use of claim 6, wherein said plasmid has been transfected into animal cells *ex vivo*, wherein said animal cells express the anti-angiogenesis polypeptide to inhibit tumor-associated angiogenesis and tumor growth.
 - 9. The use of claim 5, wherein said viral vector is carried in a cell-free carrier, so that the viral vector is incorporated into living cells of the patient following viral vector administration, causing expression of the anti-

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angiogenesis polypeptide in the patient such that angiogenesis in the vicinity of the tumor and/or systemically by diffusion of the recombinant protein to the vascular compartment from secreting transduced cells is inhibited, causing inhibition of tumor growth.

- 10. The use of claim 5, wherein animal cells are infected with said viral vector *ex vivo* and then administered to said patient, wherein said animal cells express the anti-angiogenesis polypeptide to inhibit tumor-associated angiogenesis and tumor growth.
 - 11. The use of claim 8, wherein said animal cells are human cells.
 - 12. The use of claim 11, wherein said human cells are autologous.

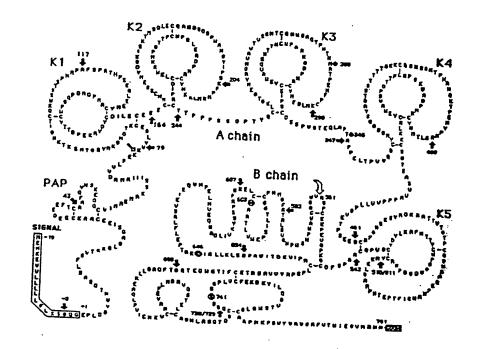
- 13. The use of claim 11, wherein said human cells are allogeneic.
- 14. The use of claim 10, wherein said animal cells are human cells.
- 15. The use of claim 14, wherein said human cells are autologous.
- 16. The use of claim 14, wherein said human cells are allogeneic.
- 15 17. The use of claim 5, wherein said viral vector is a retroviral vector.
 - 18. The use of claim 5, wherein said viral vector is a non-retroviral vector selected from the group consisting of adenoviral, adeno-associated, herpes, Simliki Forest virus, and poxvirus vectors.

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- 19. The use of claim 17, wherein said retroviral vector is Murine Stem Cell Virus or a lentivirus.
- 20. The use of claim 1, wherein said angiostatin comprises kringles 1, 2 and 3.
- 5 21. The use of claim 20, wherein said angiostatin further comprises kringle 4.
 - 22. The use of claim 1, wherein said anti-angiogenic polypeptide is a fusion of angiostatin or a biologically active fragment thereof and endostatin or a biologically active fragment thereof.
- 10 23. The use of claim 1, wherein said nucleic acid molecule includes a nucleotide sequence encoding a signal polypeptide and/or export signal for effecting secretion of said anti-angiogenesis polypeptide.
 - 24. The use of claim 23, wherein said signal polypeptide and/or export signal is plasminogen signal polypeptide and/or export signal.
- 15 25. The use of claim 1, wherein said nucleic acid molecule includes a nucleotide sequence encoding a preactivation polypeptide and/or export signal for effecting Golgi and/or ER export of the anti-angiogenic polypeptide..
 - 26. The use of claim 25, wherein said preactivation polypeptide and/or export signal is a preactivation polypeptide and/or export signal of a human protein of the blood coagulation cascade.

- 27. The use of claim 26, wherein said preactivation polypeptide and/or export signal is human plasminogen preactivation polypeptide and/or export signal.
- 28. The method of claim 25, wherein the preactivation encoding sequence is positioned between a signal-encoding sequence and the sequence encoding the anti-angiogenic polypeptide and/or export signal.
 - 29. The use of claim 1, wherein said nucleic acid molecule includes a nucleotide sequence encoding a tag for identification of said anti-angiogenic polypeptide.
- 30. The method of claim 27, wherein said tag is a Flag tag polypeptide and/or export signal.
 - 31. A viral gene therapy vector comprising a nucleic acid molecule which encodes an anti-angiogenic polypeptide selected from the group consisting of human angiostatin, murine angiostatin, human endostatin, murine endostatin, and angiogenesis-inhibiting fusions and fragments thereof, wherein said viral vector is sufficiently attenuated for use in human gene therapy.
 - 32. A human cell infected with the vector of claim 31.
- 33. Use of a nucleic acid molecule which expresses in said patient an anti-angiogenic polypeptide selected from the group consisting of human
 angiostatin, murine angiostatin, human endostatin, murine endostatin, and angiogenesis-inhibiting fusions and fragments thereof, in the preparation of a

medicament for treating a human patient suffering from diabetic retinopathy, wherein expression of the anti-angiogenic polypeptide in the patient inhibits angiogenesis in the vicinity of the retina.



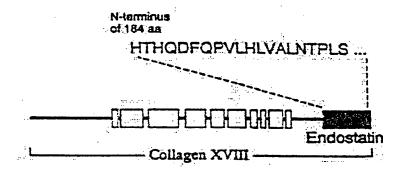
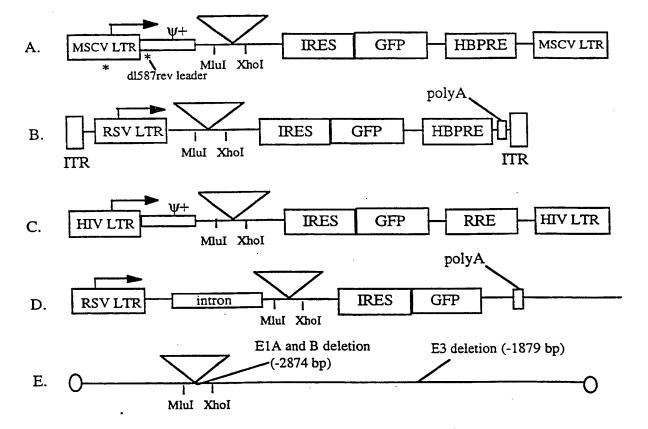


Fig. 2







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2410 2420 2430 ACTTGGATTGAGGGGGTGATGAGAAATAATTAA ThrTTpIleGluGlyValMetArgAsnAsn

rend human plasminogen coding sequence.

Fig 6

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Mouse Plasining am cont

GCCCTCGACT AryTrpSer 910 910 910 910 910 910 910 91	610 610 610 610 610 610 610 610 610 610	VAITYATATO ATTAINTY AND THE STANDARD AND AND AND AND AND AND AND AND AND AN	The cost is set to the set of the
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Tue, Oct 21, 1997 Code: <i>Universal</i>			1	Mou Plasm ci	DNA			Page
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2100 CCGGACAATA ArgThrile								
2110	2120	2130	2140	2150	2160	2170	2180	2190
TGTTACATCACCGG CysTyrIleThrGl	CTGGGGAGA(YTYPG1YG1	ACTCAAGGG ThrGlnGly	ACTTTCGGTG ThrPheGlyA	CCGGTCGTCT .laGlyArgLe	CAAGGAGGC uLysGluAla	CAGCTGCCTGT GlnLeuProVa	INTIGAGAA LIleGluAs	CAAGGTG nLysVal
2200 TGCAACCGCG CysAsnArgVal								
2210 TCGAGTATCTGAAC GluTyrLeuAsn	2220 AACAGAGTC AsnArgVall	2230 AAATCCACGG LysSerThrG	2240 AGCTCTGTGC luLeuCysAl	2250 CGGGCAACTG aGlyGlnLeu	2260 GCTGGTGGCC AlaGlyGly\	2270 TTCGACAGCTGC(/alaspSerCys(2280 CAAGGCGAC GlnGlyAsp	2290 AGTGGAG SerGlyGly
2300 GACCTCTGGT ProLeuVal								
2310	2320	2330	2340	2350	2360	2370	2380	2390
TIGCTTCGAGAAGG CyaPheGluLyaA	ACAAGTACA spLysTyrI	TTTTACAAGG leLeuGlnGl	AGTCACTTCT yValThrSer	TGGGGTCTTG TrpGlyLeuG	GCTGTGCTC: lyCysAlaA:	CCCCAATAAGC rgProAsnLysP	cTGGTGTCT roGlyValT	ACGTTCG yrValArg
2400 TGTCTCACGG ValSerArg			end	plasmi	nogen	coding	segui	ence.
2410 TTTGTTGATTGGAT PheValAspTTpIl	2420 TGAAAGGGA .eGluArgGl	2430 GATGAGGAAT uMetArgAsn	2140 AAGTG/CTAC AsrendLeuC	2450 GGTGGAAGGCC GlyGlyArgPr	2460 GAGCAAAAC oSerLysTh	2470 CTCTGCTTACTA rSerAlaTyrEn	2480 AAGCTTACT dSerLeuLe	2490 GAATATG uAsnMet
GGGAGAGGGC GlyArgGlyLeu								
2510 TTAGGGTGTTTGGA ArgValPheGly	2520 AAAACTGAC LysThrAsp	2530 AGTAATCAAA SerAsnGlnT	2540 CTGGGACAC hrGlyThrLe	2550 FACACTGAACC euHisEndThr	2560 ACAGCTTCC ThrAlaSer	2570 TGTCGCCCCTCA CysArgProSer	2580 GCCCCTCCC AlaProPro	2590 CTTTTT LeuPheLeu
2600 TGTATTATTG TYrTYrCys								
2610	2620	2630	2640	2650	2660	2670	2680	2690
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SEQUENCE LISTING

<110> Genetix Pharmaceuticals, Inc.

<120> ANTI-ANGIOGENIC GENE THERAPY VECTORS AND
THEIR USE IN TREATING ANGIOGENISIS-RELATED DISEASES

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		aaa Lys											624
		cag Gln											672
Asn		aac Asn											720
		tgg Trp											768
		Pro 260	Arg					Pro					816
		ctg Leu					Glu				Asn		864
	Val	tcc Ser				Cys				Ala			912
Thr		aac Asn			Pro				Cys			gat Asp 320	960

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					aca Thr					-		1200
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					tgc Cys				-	_	_	1296
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					cga Arg 490							1488
					 gct Ala	-	_				-	1536
					cca Pro							1584
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2304

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740

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Glu	Asn	Tyr	Cys	Arg 325	Asn	Pro	Asp	Gly	Lys 330	Arg	Ala	Pro	Trp	Cys 335	His
Thr	Thr	Asn	Ser 340	Gln	Val	Arg	Trp	Glu 345	Tyr	Cys	Lys	Ile	Pro 350	Ser	Cys
Asp	Ser	Ser 355	Pro	Val	Ser	Thr	Glu 360	Gln	Leu	Ala	Pro	Thr 365	Ala	Pro	Pro
Glu	Leu 370	Thr	Pro	Val	Val	Gln 375	Asp	Cys	Tyr	His	Gly 380	Asp	Gly	Gln	Ser
Tyr 385	Arg	Gly	Thr	Ser	Ser 390	Thr	Thr	Thr	Thr	Gly 395	Lys	Lys	Cys	Gln	Ser 400
Trp	Ser	Ser	Met	Thr 405	Pro	His	Arg	His	Gln 410	Lys	Thr	Pro	Glu	Asn 415	Tyr
Pro	Asn	Ala	Gly 420	Leu	Thr	Met	Asn	Tyr 425	Cys	Arg	Asn	Pro	Asp 430	Ala	Asp
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	530					535				_	Gly 540		_	-	•
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Glu 625	Lys	Ser	Pro	Arg	Pro 630	Ser	Ser	Tyr	Lys	Val 635	Ile	Leu	Gly	Ala	His 640
Gln	Glu	Val	Asn	Leu 645	Glu	Pro	His	Val	Gln 650	Glu	Ile	Glu	Val	Ser 655	Arg
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Ser	Pro	Ala 675	Val	Ile	Thr	Asp	Lys 680	Val	Ile	Pro	Ala	Cys 685	Leu	Pro	Ser
Pro	Asn 690	Tyr	Val	Val	Ala	Asp 695	Arg	Thr	Glu	Cys	Phe 700	Ile	Thr	Gly	Trp

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_	_		740		Thr			745		_			750	_	-	
		755			Gly		760					765	_			
	770				Leu	775					780			_	_	
785					Pro 790					Arg 795	Val	Ser	Arg	Phe	Val 800	
Thr	Trp	Ile	Glu	Gly 805	Val	Met	Arg	Asn	Asn 810							
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			_		ctg Leu					_				_		96
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65					70					75					80	
_				Ile	atc Ile				qaA					Glu	_	288
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_					gaa Glu										-	336
		_			aca Thr					_						384

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PCT/US98/24950

WO 99/26480

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	_	_		_	gag Glu	_			_			_			_	1296
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					tgc Cys											1536
	_				cca Pro	_					_	_	_	-	_	1584
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			999 580													1776
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	-		cca Pro				_	-		_			_	_	-	2064
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			gac Asp													2352



	_	gct Ala	_			_			_		_		-			2400
	_	gat Asp						_				tgad	etagg	gtg		2446
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Glu		Leu	Glu	Glu	Asn		Cys	Arg	Asn	Pro		Asn	Asp	Glu	Gln	
145	D	~~~	Cira	The same	150	The	7.55	Dwa	7 ~~	155	7 ~~~	m	7		160	
GIÀ	PIO	Trp	Cys	165	1111		_		_	-	AIG			175	Cys	
Asn	Ile	Pro	Glu 180	Cys	Glu	Glu	Glu	Cys 185	Met	Tyr	Cys	Ser	Gly 190	Glu	Lys	
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Leu	Asn	Asn	Arg 740	Val	Lys	Ser	Thr	Glu 745	Leu	Cys	Ala	Gly	Gln 750	Leu	Ala	
Gly	Gly	Val 755	Asp	Ser	Cys	Gln	Gly 760	Asp	Ser	Gly	Gly	Pro 765	Leu	Val	Cys	
Phe	Glu 770	Lys	Asp	Lys	Tyr	Ile 775	Leu	Gln	Gly	Val	Thr 780	Ser	Trp	Gly	Leu	
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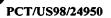
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	-	-	Phe 340 Cys			_		345	Val	Arg	Trp	Glu	Tyr 350	Cys	Asn	
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_			cac His	_						_						144
		_	gag Glu			_				_		_	_			192
		_	tac Tyr			-	_	_	_	_		_				240
		_	tgt Cys	_			_	-		_	_		_	_		288
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_	_		ctg Leu	_	_			_				_				432
			tgc Cys				_				-		_		_	480



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	tgt Cys	_			_		_		_					576
	gtg Val					-	_	_	 _					624
	cac His 210													672
	tac Tyr													720
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	tca Ser	-			_	-		_		_				816
	aca Thr													864
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<211> 552

<212> DNA

<213> Mus musculus

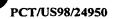
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acc Thr	ccc Pro	ctg Leu	tct Ser 20	gga Gly	ggc Gly	atg Met	cgt Arg	ggt Gly 25	atc Ile	cgt Arg	gga Gly	gca Ala	gat Asp 30	ttc Phe	cag Gln	96
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gac Asp 65	cgg Arg	ggg Gly	tct Ser	gtg Val	ccc Pro 70	atc Ile	gtc Val	aac Asn	ctg Leu	aag Lys 75	gac Asp	gag Glu	gtg Val	cta Leu	tct Ser 80	240
ccc Pro	agc Ser	tgg Trp	gac Asp	tcc Ser 85	ctg Leu	ttt Phe	tct Ser	ggc Gly	tcc Ser 90	cag Gln	ggt Gly	caa Gln	gtg Val	caa Gln 95	ccc Pro	288
Gly 999	gcc Ala	cgc Arg	atc Ile 100	ttt Phe	tct Ser	ttt Phe	gac Asp	ggc Gly 105	aga Arg	gat Asp	gtc Val	ctg Leu	aga Arg 110	cac His	cca Pro	336
gcc Ala	tgg Trp	ccg Pro 115	Gln	aag Lys	agc Ser	gta Val	tgg Trp 120	His	ggc Gly	tcg Ser	gac Asp	ccc Pro 125	Ser	gly aaa	cgg	384
agg Arg	ctg Leu 130	Met	gag Glu	agt Ser	tac Tyr	tgt Cys 135	gag Glu	aca Thr	tgg Trp	cga Arg	act Thr 140	Glu	act Thr	act Thr	Gly gaa	432
gct Ala 145		ggt Gly	cag Gln	gcc Ala	tcc Ser	Ser	cto Leu	ctg Leu	tca Ser	ggc Gly 155	/ Arc	g Ctc g Leu	ctg Leu	gaa Glu	cag Gln 160	480
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Cys	Phe	Gln 35	Gln	Ala	Arg	Ala	Val 40	Gly	Leu	Ser	Gly	Thr 45	Phe	Arg	Ala	
Phe	Leu 50	Ser	Ser	Arg	Leu	Gln 55	Asp	Leu	Tyr	Ser	Ile 60	Val	Arg	Arg	Ala	
Asp 65		Gly	Ser	Val	Pro 70	Ile	Val	Asn	Leu	Lys 75	Asp	Glu	Val	Leu	Ser 80	
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Ala	Trp	Pro 115	Gln	Lys	Ser	Val	Trp 120	His	Gly	Ser	Asp	Pro 125	Ser	Gly	Arg	
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Ala		Gly	Gln	Ala	Ser		Leu	Leu	Ser	Gly	Arg	Leu	Leu	Glu	Gln	
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Ser	Phe	Met	Thr 180	Ser	Phe	Ser	Lys									
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			CDS		1414)										
		400>						ata		cto	++0	ctt	cta	222	cca	48
atg	gac	cat	Lve	gaa	gta Val	alc Tle	Leu	Leu	Phe	. Leu	Leu	Leu	Leu	Lvs	Pro	
1	Ash	, HIS	, шуз	5	· vui	- 110	200		10					15		
gga	caa	ggg	gac	tog	, ctg	gat	ggc	tac	ata	ago	aca	caa	ggg	gct	tca	96
Gly	Glr	ı Gly	Asp 20		Leu	ı Asp	Gly	Tyr 25		e Ser	Thr	Glr	30		Ser	
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Leu	Phe	Se 3 :		ı Thr	Lys	. Lys	Glr 40		a Ala	a Ala	ı Gly	/ Gl _}		. Ser	Asp	
tgt	ב דב	g gco	aaa	a tgt	gaa	a ggg	g gaa	a aca	a gad	e ttt	gto	tg:	agg	tca	ttc	192
Суя	Lev 50	ı Ala	a Lys	s Cys	s Glu	ı Gly 55	/ Glu	ı Thi	: Ası	o Phe	• Val	l Cys	a Arc	g Sei	Phe	



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					gaa Glu											336	;
gga Gly	acc Thr	atg Met 115	tcc Ser	agg Arg	aca Thr	aag Lys	agt Ser 120	ggt Gly	gtt Val	gcc Ala	tgt Cys	caa Gln 125	aag Lys	tgg Trp	ggt Gly	384	Ł
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					aac Asn 150											480)
Gly 999	cct Pro	tgg Trp	tgc Cys	tac Tyr 165	act Thr	aca Thr	gat Asp	ccg Pro	gac Asp 170	aag Lys	aga Arg	tat Tyr	gac Asp	tac Tyr 175	tgc Cys	528	3
aac Asn	att Ile	cct Pro	gaa Glu 180	tgt Cys	gaa Glu	gag Glu	gaa Glu	tgc Cys 185	atg Met	tac Tyr	tgc Cys	agt Ser	gga Gly 190	gaa Glu	aag Lys	576	6
tat Tyr	gag Glu	ggc Gly 195	Lys	atc Ile	tcc Ser	aag Lys	acc Thr 200	atg Met	tct Ser	gga Gly	ctt Leu	gac Asp 205	Cys	cag Gln	gcc Ala	624	4
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cca Pro 225	Ser	aag Lys	aac Asn	ctg Leu	aag Lys 230	Met	aat Asn	tat Tyr	tgc Cys	His 235	Asn	cct Pro	gac Asp	ggg Gly	gag Glu 240	72	0
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		cac His														960
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		tca Ser 355														1104
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Lys	Gly	Pro	Trp	Cys	Tyr	Thr	Thr	Asp	Pro	Ser	Val	Arg	Trp	Glu	Tyr	
Cys	Asn 450	Leu	Lys	Arg	Cys	Ser 455		Thr	Gly	Gly	Asn 460		Asp	Tyr	Lys	
Asp 465	Asp	Asp	Asp	Lys												
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	Asp															40
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Gly	Gln	Gly		Ser	Leu	Asp	Leu		Tyr	Lys	Asp	Asp		Asp	Lys	
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	gct							_					_		_	144
Leu	Ala	H15	Thr	His	Gln	Asp	Phe 40	Gln	Pro	Val	Leu	His	Leu	Val	Ala	
	aac Asn							-	_			_		_	_	192
	50					55	- -,		9	O_j	60	••••	017			
ttc	cag	tac	ttc	caq	caa	acc	caa	acc	ata	aaa	cta	tca	aac	acc	ttc	240
	Gln						_				-	_				
65					70					75					80	
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Arg	Ala	Phe	Leu	Ser 85	Ser	Arg	Leu	Gln	Asp 90	Leu	Tyr	Ser	Ile	Val 95	Arg	
	gct Ala															336
nr 9	Ala	лэр	100	Gry	501	vai	FIO	105	Vai	ASII	Бец	цуъ	110	Giu	Val	
cta	tct	ccc	200	taa	G 3 C	tcc	ata	+++	tat	~~~	+ 00	~~~	aat.		~+ <i>~</i>	384
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Gln	Pro	Gly	Ala	Arg	Ile		Ser	Phe	Asp	Gly	_	Asp	Val	Leu	Arg	
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	cca			_	_	_	_	_				-	_		_	480
His	Pro	Ala	Trp	Pro	Gln	Lys	Ser	Val	Trp	His	Gly	Ser	Asp	Pro	Ser	



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act Thr	Gly 9 9 9	gct Ala	aca Thr 180	ggt Gly	cag Gln	gcc Ala	tcc Ser	tcc Ser 185	ctg Leu	ctg Leu	tca Ser	ggc Gly	agg Arg 190	ctc Leu	ctg Leu	576	5
gaa Glu	cag Gln	aaa Lys 195	gct Ala	gcg Ala	agc Ser	tgc Cys	cac His 200	aac Asn	agc Ser	tac Tyr	atc Ile	gtc Val 205	ctg Leu	tgc Cys	att Ile	624	1
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Leu	Ala	His 35	Thr	His	Gln	Asp	Phe 40	Gln	Pro	Val	Leu	His 45	Leu	Val	Ala		
	50					Gly 55					60						
Phe	Gln	Cys	Phe	Gln		Ala	Arg	Ala	Val		Leu	Ser	Gly	Thr			
65	71-	Dha	T 011	Cor	70	Arg	ī en	Gln	Λen	75	Tur	Ser	Tle	Val	80 Ara		
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Arg	Ala	Asp	Arg		Ser	Val	Pro	Ile 105		Asn	Leu	Lys	Asp 110		Val		
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145		_	-		150		m		<i>(</i> 3):-	155		λ~~~	ጥኮ።	- (1)	160		
_				165	j				170					175			
			180					185					190)	Leu		
		195					200)			Ile	Val 205		ı Cys	Ile		
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gga Gly	caa Gln	Gly 999	gac Asp 20	tcg Ser	ctg Leu	gat Asp	ggc Gly	tac Tyr 25	ata Ile	agc Ser	aca Thr	caa Gln	999 30	gct Ala	tca Ser	96
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tgt Cys	ttg Leu 50	gcc Ala	aaa Lys	tgt Cys	gaa Glu	999 Gly 55	gaa Glu	aca Thr	gac Asp	ttt Phe	gtc Val 60	tgc Cys	agg Arg	tca Ser	ttc Phe	192
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GJA aaa	cct Pro	tgg Trp	tgc Cys	tac Tyr 165	act Thr	aca Thr	gat Asp	ccg Pro	gac Asp 170	aag Lys	aga Arg	tat Tyr	gac Asp	tac Tyr 175	tgc Cys	528
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	agc Ser															720
	agg Arg			_				_								768
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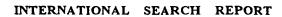
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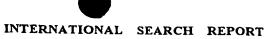
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Y,P	US 5,792,845 A (O'REILLY et al.) col. 4, lines 32-68, col. 5, lines 1-2, 5	1-30, 33		
Y	WO 97/23500 A1 (THE CHILDR) CORPORATION) 03 July 1997 (03.0 page 42, lines 1-27.	4		
X,P Y,P	WO 98/49321 A2 (RHONE-POULE 1998 (05.11.98), page 44, 6-11, 25-33			1, 5, 18, 20, 31
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APS, STN, WPIDS, MEDLINE, CAPLUS, BIOSIS, EMBASE search terms: angiostatin, plasminogen, endostatin, colagen(w) XVIII, inhibit?(5a)tumor(5a)growth, tumor(5a)regress?, diabet?(p)retinopathy, plasmid, viral(5a) vector.									

